

**CALIFORNIA EMERGENCY MANAGEMENT AGENCY (Cal EMA)**

**PROGRAM:** JAGR/OTP

**PERFORMANCE ASSESSMENT / SITE VISIT REPORT**

1. **GRANT AWARD NUMBER:** ZO09010430    **DATE OF SITE VISIT:** MAY 13, 2010
2. **GRANT PERIOD:** OCTOBER 1, 2009 TO MARCH 31, 2011
3. **RECIPIENT/IMPLEMENTING AGENCY:**  
SANTA CLARA COUNTY/ DEPARTMENT OF ALCOHOL AND DRUG SERVICES
4. **PROJECT DIRECTOR:**  
QUYEN NGUYEN

**PERSONS INTERVIEWED DURING SITE VISIT:**

| <u>NAME</u>                | <u>TITLE</u>                         | <u>AGENCY</u>                     |
|----------------------------|--------------------------------------|-----------------------------------|
| <u>CHERYL BERMAN</u>       | <u>PHD-SR PROGRAM MGR</u>            | <u>ATS</u>                        |
| <u>QUYEN THUONG NGUYEN</u> | <u>PROGRAM MGR</u>                   | <u>OFFICE OF COUNTY EXECUTIVE</u> |
| <u>WENDY JHONG</u>         | <u>FISCAL OFFICER</u>                | <u>OFFICE OF COUNTY EXECUTIVE</u> |
| <u>HOA NGUYEN</u>          | <u>SR. ACCOUNTANT</u>                | <u>PROBATION</u>                  |
| <u>VAZKEN KOUROUYAN</u>    | <u>SR HC PROG ANALYST</u>            | <u>DADS</u>                       |
| <u>HEDY S FARRALES</u>     | <u>SR HC PROG ANALYST</u>            | <u>DADS</u>                       |
| <u>MARTHA G. MARTINEZ</u>  | <u>MANAGEMENT ANALYST</u>            | <u>DADS/CONTRACTS</u>             |
| <u>JIM HARRIS</u>          | <u>SUPERVISING PROBATION OFFICER</u> | <u>PROBATION</u>                  |

\_\_\_\_\_  
Signature of Program Specialist

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Section Chief

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Project Representative

\_\_\_\_\_  
Date

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW

#### 1. OPERATIONAL DOCUMENTS

YES   NO   N/A

Review hard copy/verify the ability to access on line:

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| • The Cal EMA Recipient Handbook (R.H.)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The Approved Grant Award Agreement   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The RFA/RFP (supersedes the requirement of the R.H.)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The Program Guidelines (supersedes the requirement of the R.H.)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the project familiar with Office of Management and Budget, OMB Circulars which govern your organization? Circulars may be found at <a href="http://www.whitehouse.gov/omb/circulars">www.whitehouse.gov/omb/circulars</a> . | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

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#### 2. FIDELTY BOND CERTIFICATE - COMMUNITY BASED ORGANIZATIONS (CBO) & AMERICAN INDIAN ORGANIZATIONS ONLY

- |   |                          |                          |                                     |
|---|--------------------------|--------------------------|-------------------------------------|
| • Obtain copy of required Fidelity Bond Certificate? [R.H. Section 2161] Does <u>not</u> apply to state, city, or county units of government. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Does the certificate show:  |                          |                          |                                     |
| ○ Bonding company's name  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Bond number   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Description of coverage   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Amount of coverage (50% of allocation)  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Bond period   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Grant award number  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Form A, Employee Dishonesty   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Form B, Forgery Coverage  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Is the State of California, California Emergency Management Agency named on the bond as the beneficiary?                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Comments:

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#### 3. ENVIRONMENTAL IMPACT – CEQA COMPLIANCE (R.H. Section 2153)

- |  |                          |                          |                                     |
|--|--------------------------|--------------------------|-------------------------------------|
| • Does the project have its CEQA documentation on file?(Ask to view)   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Certified Exempt   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Recipient has adopted or certified an environmental document which complies with the requirements of CEQA. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Comments:

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## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

#### 4. PROOF OF AUTHORITY (R.H. Section 1350)

YES NO N/A

- Does the project have a written authorization/resolution on file as required by the Grant Award Agreement? (Ask for copy)

☒ ☐ ☐

Comments:

WORKING FILE HAS A COPY.

#### 5. ORGANIZATIONAL CHART

- Review the organizational chart. Are all budgeted positions identified?

☒ ☐ ☐

Comments:

All budget positions are identified. Copy in working file. No changes.

#### 6. Cal EMA MODIFICATION (Cal EMA 2-223)

- Review the purpose/preparation of Grant Award Modification Request (Cal EMA 2-223). [R. H. Section 7500] (*Instruct project staff on the procedure to obtain the most recent forms from Cal EMA's website.*)

☒ ☐ ☐

A modification is needed for the following:

- Budget changes
- Change in key personnel
- Adding/changing additional signers
- Change goals/objectives, or activities
- Address change
- Other

Comments:

#### 7. PERSONNEL POLICIES

- Does the project staff have access to written personnel policies as required? [R. H. Section 2130]
- Do the personnel policies include:
  - Work hours
  - Compensation rates including overtime and benefits
  - Vacation, sick, and other leave allowances
  - Hiring and promotional policies

☒ ☐ ☐

☒ ☐ ☐  
☒ ☐ ☐  
☒ ☐ ☐  
☒ ☐ ☐



## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

- Do the personnel files include:
  - Staff note: Complete a sample review of a personnel file ☒ ☐ ☐
  - Job application ☒ ☐ ☐
  - Resume ☒ ☐ ☐
  - Performance evaluations ☒ ☐ ☐
  - Salary rates ☒ ☐ ☐
  - Benefits ☒ ☐ ☐
  - Current job duties/descriptions ☒ ☐ ☐
  - Other terms of employment ☒ ☐ ☐
- Does the project have a current Drug Free Workplace policy statement on file signed by the employee? [R. H. Section 2152] ☒ ☐ ☐
- Did the Board approve the agency's existing personnel policy? ☒ ☐ ☐

Comments:

#### 8. FUNCTIONAL TIMESHEETS

- Does the project use functional timesheets for each grant funded position less than 1 FTE? OR Time Study Allocation plan updated within the last 2 years? [R. H. Section 11331] ☐ ☐ ☒
- Are timesheets (paid staff & volunteer) signed by staff & approved by supervisor? (Review timesheets to ensure signatures of staff and supervisor.) ☒ ☐ ☐

Comments:

All funded positions work 100% towards the grant.

#### 9. DUTIES OF FINANCIAL OFFICER AND BOOKKEEPER

- Are the duties of the financial officer and the bookkeeper separate to ensure no one person has complete authority over a financial transaction? ☒ ☐ ☐
  - Name of individual who approves purchases.  
PLEASE SEE ATTACHED
  - Name of individual who writes checks.  
ISSUED BY COUNTY
  - Name of individual(s) who signs checks.  
ISSUED BY COUNTY

Comments:

All financial transactions must go to Senior Program Manager Dr. Berman for approval before going through county's payment department.

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

#### 10. SOURCE DOCUMENTATION-Fiscal [R. H. Section 11000]

- |  | YES                                 | NO                       | N/A                      |
|--|-------------------------------------|--------------------------|--------------------------|
| • Does the project maintain a record-keeping system which accurately supports costs claimed on Report of Expenditure and Request for Funds (Cal EMA Form 2-201)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does the project maintain an accurate inventory log of equipment purchased with grant funds?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

This project is only project who are up-to-date with submitting their 201s.

#### 11. PROJECT EXPENDITURES

- |  |                                     |                                     |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|
| • Is the project's expenditure rate commensurate with the elapsed period of the grant?                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| • Are the project's expenditures being made in accordance with the terms of the Grant Award Agreement? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| • Does the project need to submit a Grant Award Modification Request (Cal EMA Form 2-223)?             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Is the project up-to-date with the submission of Cal EMA Form 2-201?                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

Comments:

#### 12. MATCH REQUIREMENTS

- |  |                          |                          |                                     |
|--|--------------------------|--------------------------|-------------------------------------|
| • Does the project have a match requirement?                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Is the project meeting the match requirement?                              | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Review the supporting documentation to substantiate cash or in-kind match. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Comments:

#### 13. EEO POLICY

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| • Go over EEO checklist. (Separate document) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

Comments:

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

#### GENERAL

YES NO N/A

#### 14. PROGRAM GOALS AND OBJECTIVES

- Review the goals and objectives of the program and the programmatic requirements of the Grant Award Agreement. Is the project meeting the program's goals and objectives?
- Does the project need to submit Cal EMA Form 2-223 to modify grant objectives?

☒ ☐ ☐

☐ ☒ ☐

Comments:

Project will not be submitting 223s to modify grant objectives.

#### 15. PROGRESS REPORT

- Discuss and review the programmatic Progress Report requirements.

☒ ☐ ☐

Comments:

#### 16. SOURCE DOCUMENTATION-Programmatic

- Is the project maintaining a record keeping and data collection process that which accurately supports the project's reported data on the Progress Report form?
- Review the project's file system and data collection process.

☒ ☐ ☐

Comments:

Uses several different system such as Unicare System.

#### 17. OPERATIONAL AGREEMENTS

- Does the project have current Operational Agreements as required by the Grant Award Agreement?

☒ ☐ ☐

Comments:

#### 18. PROJECT STAFF DUTIES

- Interview project staff and discuss their duties and the relationship to the grant. Are employees performing duties as stated in the Grant Award Agreement?

☒ ☐ ☐

Comments:



## **ADDENDUM TO SITE VISIT REPORT**

I met with at eight project staff members in Santa Clara County. Each project staff present presented an overview of their duties related to the JAGR/OTP grant activities. The project staff were all fluent in their understanding of the Cal EMA and JAGR/OTP grant guidelines, thus, very little technical assistance will be needed or was needed at the time of my visit.

I conducted an administrative review on all documents that did not pose a challenge to the project. A review of the project's Program Summary remains the same. This project was the first and only project to have drawn down their funds since the start of the grant period. They indicated that they do not need to submit a modification to amend their budget nor their goals and objectives of the grant as they are on target.

Source documentation was shown and also given to me for my working file. Santa Clara has several data bases that store all information relative to data collection, progress reporting, and financial reporting that the grant mandates. The staff indicated that my email reminders for the PMT reporting and OMB Jobs Data Collection due dates were very helpful.

Probation Supervisor spoke about his duties as it relates to court model regarding intake processes which include interviewing, criminal risk, and needs assessment for referral to the OTP program.

Santa Clara grant is in compliance with the Offender Treatment Program, RFA, and program guidelines as well as the Recipient Handbook.

It should be noted that this is an exceptionally organized project who is very outstanding in reporting and submitting information in a timely matter.

## CalEMA grant - Santa Clara County

Budgeted in 3 departments:

1. County Executive Office (CEO) – lead agency
2. Probation Department - subrecipient
3. DADS - subrecipient

Overview of financial records:

CEO hired a dependent contractor as a Grant Fiscal Administrator –

- Review claims submitted by Probation and DADS
- Combine Probation and DADS claims and Salary & Benefits expense claims resulted from Grant Fiscal Administrator' service
- File claims with CalEMA
- Receive reimbursements from CalEMA and record as grant revenue in CEO
- Reimburse Probation and DADS for amounts claimed and record in a designated grant expense account in CEO

Probation Department – incurs Salary & Benefits expenses and is reimbursed by CEO

- Expenses are tracked by employee, by pay period, and monitored with budget
- Reconcile with SAP reports in Salary & Benefits category
- Submit quarterly Salary & Benefits expenses claim to CEO
- When being reimbursed by CEO, the reimbursement is recorded in “Grant Reimbursement” account

DADS – contracted service providers and is reimbursed by CEO for contract expenses

- Contractors record services to Prop.36 (CalEMA) and ASOC clients in UNICARE system, and submit a claim which includes expenses for each type of service to DADS for payment.
- DADS sets up a purchase order in SAP for each provider which segregates Prop 36 (CalEMA) service from ASOC service, each with a designated code for tracking payment.
- Generate reports from SAP to capture contract expenses paid during the quarter and submit to CEO
- When being reimbursed by CEO, the reimbursement is recorded in “Grant Reimbursement” account